

Just the Facts: Teen Pregnancy in Mississippi

Why the Women's Fund of Mississippi is focusing on Teen Pregnancy

Mississippi has the highest teen birth rate in the nation. Compared to those who delay child bearing, teen mothers are more likely to drop out of school, remain unmarried, and live in poverty; their children are more likely to be born at low birth weight, grow up poor, live in single-parent households, experience abuse and neglect, and enter the child welfare system.¹ Reducing teen pregnancies is one of the most effective ways to improve child well-being and reduce persistent child poverty.

Cost of Teen Childbearing in Mississippi

Between 1991 and 2004 there have been more than 116,900 teen births in Mississippi, costing taxpayers a total of \$2.7 billion over this period.² The most significant costs are associated with poorer outcomes for the *children* of teen parents as compared to the outcomes of children born to non-teen mothers.

Sexual Behavior of Mississippi Teens

Nearly 60% of Mississippi high school students report ever having had sexual intercourse, compared to 47.8% of high school students nationwide. Teens in Mississippi are nearly twice as likely to have engaged in sexual intercourse before the age of 13, compared to teens nationwide.³

Mississippi Laws and Policies

Mississippi has accepted millions of federal dollars to support abstinence-only-until-marriage programming over the years—nearly \$6 million in 2006 alone. But we still have the highest teen birth rate in the country. Although state law establishes “abstinence-only education” as the required standard, school boards are given considerable autonomy. School boards may authorize, through a majority vote, “the teaching of sex education without instruction on abstinence.”⁴

Comprehensive Sex Education is Effective, Does Not Promote Sexual Risks

One of the most effective ways to reduce the teen pregnancy and sexually transmitted infection (STI) rates is to implement a comprehensive sex education (“abstinence-plus”) curriculum in schools that is evidence-based and age-appropriate. This curriculum urges abstinence but also provides information for students who become sexually active.

Research clearly shows that comprehensive sex education programs do not encourage teens to start having sexual intercourse; do not increase the frequency with which teens have intercourse; and do not increase the number of a teen's sexual partners.⁵ In fact, two-thirds of 48 rigorously evaluated curriculum-based comprehensive sex and HIV/STD education programs had positive effects on teen

¹ Hoffman, SD (2006). *By the Numbers: The Public Costs of Teen Childbearing*. The National Campaign to Prevent Teen Pregnancy: Washington, DC.

² Ibid.

³ Danice K. Eaton, et al., “Youth Risk Behavior Surveillance—United States, 2007.” CDC. June 2008.

⁴ Miss. Code Ann. Section 37-13-171(3).

⁵ Comprehensive Sex Education: Research and Results (September 2009). Advocates for Youth.

http://advfy.nonprofitsoapbox.com/index.php?option=com_content&task=view&id=1487&Itemid=177

sexual behavior.⁶ Specifically, about 40 percent of these programs delayed the initiation of sex, reduced the number of sexual partners, and increased contraceptive use; more than 60 percent reduced the occurrence of unprotected sex. Teens who receive sex education that includes abstinence and contraception are more likely than those who receive abstinence-only-until-marriage messages to delay sexual activity and use contraception when they do become sexually active.

Research Says Abstinence-Only-Until-Marriage Programs Entirely Ineffective

Evaluations of publicly funded abstinence-only programs have repeatedly shown no positive changes in sexual behaviors over time. A congressionally mandated study of four popular abstinence-only programs found that they were entirely ineffective.⁷ Studies have shown that students who receive these abstinence-only programs don't have lower pregnancy, HIV, or STI rates. And worse, students who receive abstinence-only programs are less likely to use contraception when they do have sex. Young people need honest, effective sex education – not ineffective, shame-based abstinence-only-until-marriage programs.

Medical Organizations, Parents, and the Public Support Comprehensive Sex Education

- The American Academy of Pediatrics, American Medical Association, American Public Health Association, American College of Obstetricians and Gynecologists, and the Society for Adolescent Medicine, among others, support comprehensive sex education, including education about both abstinence and also contraception.⁸
- A majority of Americans (89%) support sex education that includes information about both abstinence and contraception.⁹

What You Can Do

Educate yourself on the issue. Visit the website of the [National Campaign to Prevent Teen and Unplanned Pregnancy](#) for 50-state data, research, best practices, and policy guidance.

Write letters to county school boards and superintendents, urging them to adopt “abstinence-plus” curricula in their school districts. Visit www.superintendents.ms/directory_superintendents.php to find the name, address, and telephone number of your school superintendent by county.

Our state representatives and senators need to know you care about this issue. Call or write your elected official and tell him/her that teens need access to age appropriate, evidence-based, “abstinence-plus” (comprehensive) sex education. Visit the “Legislator Search” section of www.capitolconnect.com to find your state elected official.

Sign up for Women’s Fund advocacy alerts: www.womensfundms.org.

⁶ Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.

⁷ Trenholm, C., Devaney, B., Fortson, K., L. Wheeler, J., and Clark, M. (2007). *Impacts of Four Title V, Section 510 Abstinence Education Programs*. Princeton, NJ: Mathematica Policy Research, Inc.

⁸ Comprehensive Sex Education: Research and Results (September 2009). Advocates for Youth.

⁹ Hickman-Brown Public Opinion Research. *Public Support for Sexuality Education Reaches Highest Levels*. Washington, DC: Advocates for Youth, 1999.